

## Payline SECURITY AUTHORIZATION REQUEST

TO BE COMPLETED BY AGENCY SECURITY OFFICER		BOX 1
<hr/>		
<b>Print Name of Agency CIPPS Security Officer</b>		
<hr/>		<hr/>
<b>Signature</b>		<b>DATE</b>
<b>Requested Payline Action →</b>	<b>1. NEW (requires individual Payline security record to exist prior to providing masking access)</b>	
	<b>2. CHANGE</b>	
	<b>3. DELETE (only deletes masking access)</b>	
<b>Requested Security Level →</b>	<b>1. View Payroll</b>	
	<b>2. View Leave</b>	
	<b>3. View Payroll and Leave</b>	
<b>Requested Agency Codes:</b> <hr/>		
<hr/>		

Completed by CIPPS User:		Box 2
<b>By signing below, I hereby certify that I will not allow another individual to know and/or utilize my access to Payline information.</b>		
<hr/>		<hr/>
<b>PRINT NAME</b>		<b>SOCIAL SECURITY NUMBER</b>
<hr/>		<hr/>
<b>SIGNATURE</b>		<b>DATE</b>
<hr/>		<hr/>
<b>E-MAIL ADDRESS:</b> <hr/>		
<b>PHONE NUMBER:</b> <hr/>		

<hr/>		<hr/>
<b>CIPPS SECURITY OFFICER</b>		<b>DATE</b>
<hr/>		<hr/>
<b>Payline SECURITY OFFICER</b>		<b>DATE</b>
<hr/>		<hr/>